



3621
PATENT
450100-03152
IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ryuichiro HISAMATSU et al.
Serial No. : 09/829,573
For : BUSINESS MANAGEMENT METHOD,
BUSINESS MANAGEMENT APPARATUS AND
DATA BROADCAST DELIVERY METHOD
Filed : April 10, 2001
Examiner : Pierre E. Elisca
Art Unit : 3621

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 7, 2005

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

January 7, 2005

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 15, 2004, please amend this application as follows:



PATENT
450100-03152

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ryuichiro HISAMATSU et al.
Serial No. : 09/829,573
For : **BUSINESS MANAGEMENT METHOD, BUSINESS
MANAGEMENT APPARATUS AND DATA BROADCAST
DELIVERY METHOD**

Filed : April 10, 2001
Examiner : Pierre E. Elisca
Art Unit : 3621

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	** =22	* 0 x	\$50 (25)	= \$ 0
Independent claims	5	Minus	*** =5	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid or is paid herewith .

This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ - month extension of time. A check covering the cost of the petition is enclosed.

Charge \$____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

January 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800